

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Received
U.S. Marshals Service
Roanoke, VA
3:14 pm, Aug 18 2020

Melinda Scott

Plaintiff(s)

v.

Wise Co. Dept. of Social Services, et. al.

Defendant(s)

Civil Action No. 2:20-cv-00014

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Wise County Department of Social Services
c/o Sara Ring (Va Code 8.01-300(3))
PO BOX 888
1000 Sykes Blvd
Wise, VA 24293

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Melinda Scott, pro-se
PO BOX 1133-2014PMB87 (VA ACP Address/2.2-515.1)
Richmond, VA 23218

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

7/21/20

CLERK OF COURT

Allison Rust

Signature of Clerk or Deputy Clerk

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Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Wise County Department of Social Services, c/o Sara Ring
 was received by me on (date) 08/18/2020.

☒ I personally served the summons on the individual at (place) Acting Director Gary Blankenbecler
Wise Co DSS, 1000 Sykes Blvd., Wise, VA on (date) 8/25/2020; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 130.00 for travel and \$ 56.35 for services, for a total of \$ 186.35 ~~0.00~~.

I declare under penalty of perjury that this information is true.

Date: 8/25/2020

James Satterwhite
 Server's signature

Jim Satterwhite, DUSM
 Printed name and title

180 W. Main Street
Abingdon, Virginia 24210

Server's address

Additional information regarding attempted service, etc:

08/24/2020- spoke with DSS Acting Director Gary Blankenbecler (Wise Co.), at 276-328-8056.
 - reports Sara Ring is no longer employed as director of Wise Co DSS.
 - agreed to accept summons for the Wise Co. DSS

08/25/2020- Summons served on Mr. Blankenbecler at the DSS office in Wise Co., VA.